



Town of Halfmoon  
 2 Halfmoon Town Plaza  
 Halfmoon, NY 12065  
 371-7410 ext. 2267  
 Fax: 371-0304  
 Planning Department

# Planned Development District Recommendation Application

**(Must first be referred by the Town Board)**

**Application Fee:**  
**New PDD: \$750.00**  
**Amendment: \$500.00**

Project #: _____
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**I. PROJECT INFORMATION:**

**Business/Project Name:** \_\_\_\_\_

**Business/Project Address:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Property Owner (If different than Applicant AND the Owner does not sign below, please submit an original, notarized "Owner Authorization" form - attached):**

**Property Owner Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**If a corporation, please name a responsible party/designated officer:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Business Representative Name/Company (if different from above):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**II. PLANNED DEVELOPMENT DISTRICT INFORMATION:**

New PDD  Amendment  If an amendment, PDD name: \_\_\_\_\_

Date of Referral to the Planning Board by the Town Board: \_\_\_\_\_

Parcel Identification Number (SBL#) of existing lots included: \_\_\_\_\_

Current underlying Zoning District(s): \_\_\_\_\_

Size of existing lot(s): \_\_\_\_\_ acres (If multiple lots, please indicate acreage of each lot)

Proposed Use: Single Family  Two-Family (Duplex)  Multi-Family  Commercial  Other: \_\_\_\_\_

Proposed water service: \_\_\_ public \_\_\_ private (well) \_\_\_ n/a Is this existing? yes/no

Proposed sanitary sewer: \_\_\_ public \_\_\_ private (septic) \_\_\_ n/a Is this existing? yes/no

Date property acquired by applicant: \_\_\_\_\_

Describe any easements or other restrictions on this property: \_\_\_\_\_

**Applicant/Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(For Department Use Only)**

Planning Board Recommendation: Positive  Negative  Reason for Negative Recommendation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**OWNER AUTHORIZATION - PLANNED DEVELOPMENT DISTRICT (PDD)**

The undersigned, who is the owner of the premises known as .....  
....., identified as Tax Map #.....hereby authorizes  
.....to bring a Planned Development District  
application before the Town of Halfmoon for consideration. The undersigned further permits the Town or its  
authorized representative access to the property to review existing site conditions during the review process.

STATE OF NEW YORK     )  
COUNTY OF SARATOGA   )SS.

On this .....day of .....,Two Thousand and ....., before me,  
the subscriber, personally appeared ..... to me  
personally known and known to me to be the same person described in and who executed  
the within Instrument, and .....he.....acknowledged to me that .....he.....executed the same.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Notary Public



# Planned Development District Recommendation APPLICATION

## Instructions & Checklist (Must Submit with application)

### Pre-Application Meeting:

A Pre-Application meeting with the Planning Department is strongly recommended. A concept plan and/or map will be needed at this time to allow discussion of plan requirements. **Failure to conduct a Pre-Application meeting may delay consideration of the application by the Planning Board.**

- Date of Pre-Application Meeting: \_\_\_\_\_

### Planned Development District Recommendation Requirements:

For Planning Board review of a proposed PDD, the PDD must first be referred to the Planning Board by the Halfmoon Town Board. Also, the following items must be included as part of the submittal to the Planning Board: **(Please check and note the number of copies required)**

- \_\_\_\_ Completed Planning Board "Planned Development District Recommendation" Application **(1 copy)**
- \_\_\_\_ Application Fee with check made payable to: "Town of Halfmoon"
- \_\_\_\_ Owner Authorization form (attached, if necessary (at least one must be an original, signed copy). This form must be submitted if the Applicant is not the Owner AND the Application is not signed by the Owner. **(1 copy with original signature)**
- \_\_\_\_ Narrative describing the request, the proposed public benefit and all activities proposed for the site. **(15 copies)**
- \_\_\_\_ Preliminary/Conceptual plan **folded** at a scale of one inch equals 50' or a scale less to the inch of the entire site prepared and signed/stamped by a licensed design professional (engineer, architect or surveyor) **prepared within the last five (5) years.** **(5 copies)**
- \_\_\_\_ 11" x 17" copies of the conceptual plan (if not part of the Town Board submittal) **(15 copies)**

**Agency Review:** The Planning Department may circulate one (1) full packet to the following agencies for review and comment, as necessary. Applicants are encouraged to contact these departments directly:

**Town:** Halfmoon Water Dept., Halfmoon Highway Dept., Halfmoon Building Dept.

**County:** Saratoga County Planning Dept., Saratoga County Sewer District #1, Saratoga County Highway Dept.

**Fire:** Hillcrest Fire Dist., Clifton Park/Halfmoon Fire Dist., Waterford/Halfmoon Fire Dist., West Crescent Fire Dist.

**Ambulance:** Clifton Park/Halfmoon Emergency Corps.

**State & Federal:** You may be required to contact state and federal agencies directly

**Town Engineer Review:** PDD Recommendations may require review by the Town Engineer. An escrow account will be required to defray the costs of this review. An estimate of the costs will be provided to the applicant and a check must be received prior to further consideration by the Planning Board.

**Public Informational Meeting:** Prior to a recommendation by the Planning Board, a public information meeting will be held. The applicant is responsible for all associated public notice and postage fees.

**Incomplete applications will not be accepted for review:** Applications submitted by the deadline will be placed on the agenda at the discretion of the Planning Board. Once a determination has been made that an application is complete, the Planning Board will continue its review until either a positive or negative recommendation is made or the applicant withdraws the application upon written notification to the Planning Department. The Planning Board normally convenes the second and fourth Monday of the month at 7 p.m.; please verify the upcoming meeting dates.

**I have read the above instructions and checklist and fully understand and accept the requirements of the Town of Halfmoon.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_